

2009 ELECTION CYCLE
SS 09-10

POLITICAL COMMITTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Committee COMMITTEE TO RE-ELECT SAM MIMS
Address of Committee P O BOX 222 MCCOMB, MS 39649
Fax 601-684-6382 E-mail mike@faustcpa.com Website _____
Name of Director AMY MIMS Telephone 601-684-7652
Name of Treasurer MICHAEL FAUST Telephone 601-684-6382



TYPE OF REPORT

- ☐ April 29, 2009 Pre-Election Report (January 1, 2009, through April 25, 2009).....All Primary Committees
- ☐ May 12, 2009 Pre-Runoff Report (April 26, 2009, through May 9, 2009)Runoff Committees Only
- ☐ May 26, 2009 Pre-Election Report (April 26, 2009, through May 23, 2009)All General Committees
- ☐ June 09, 2009 Pre-Runoff Report (May 24, 2009, through June 6, 2009).....Runoff Committees Only
- ☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
- ☐ Termination Report (Political Committee will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the political committee shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a political committee files a termination report, annual and periodic reports must continue to be filed in accordance with Miss. Code Ann. §23-15-807 (b)(1) and (3)(1972).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions to political committees in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.
- (5) This form should not be used by judicial candidates or their political committees. Candidates for judicial office must use Form SS 00-01 (Authorized Judicial Political Committee's Report of Receipts and Disbursements).

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	This Period	Calendar year-to-date
Total amount of contributions (itemized + non-itemized)	\$ 52275.00	\$ 52275.00
Total amount of disbursements (itemized + non-itemized)	\$ 7413.77	\$ 7413.77
Total amount of cash on hand	\$ 75032.63	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Treasurer or Director

Date 1/10/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Political Committees associated with statewide or multi-county elections return form to
Delbert Hasemann, Secretary of State, Elections Division, PO Box 136, Jackson, MS 39205 or fax to 601-359-1499.
2. Political Committees associated with single county elections should return this form to their county Circuit Clerk.

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Ash Riad		09/15/10	\$ 500.00
Mailing Address 3310 Delaware Ave		___/___/___	\$
City, State, Zip Code McComb, MS 39648		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Physician		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT & T PAC		09/02/10	\$ 250.00
Mailing Address 175 E Houston St		___/___/___	\$
City, State, Zip Code San Antonio, TX 78205		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bayer Corporation PAC		08/20/10	\$ 300.00
Mailing Address		___/___/___	\$
City, State, Zip Code Pittsburg, PA 15205		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Latham		11/05/10	\$ 250.00
Mailing Address 100 South Pearl St		___/___/___	\$
City, State, Zip Code Natchez, MS 39121		___/___/___	\$
Name of Employer (Required) Self		___/___/___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00

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ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Buddy Medlin & Associates		04 / 09 / 10	\$ 300.00
Mailing Address 1009 N West St		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name C T Stamps Inc		04 / 12 / 10	\$ 500.00
Mailing Address 200 Marion Ave		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Camellia Home Health & Hospice		03 / 29 / 10	\$ 300.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Capitol Advocacy Group		04 / 21 / 10	\$ 500.00
Mailing Address P O Box 217		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39205		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Page 3 of 23Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMSReporting period January 1 2010 through December 31 2010**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Carl R Dunaway	<u>02</u> / <u>05</u> / <u>10</u>	\$ 1000.00
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code McComb, MS 39648	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) Dunaway Food Services, Inc	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) Manager	Aggregate year-to-date	\$ 1000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Carl W and Charlene Dunaway	<u>02</u> / <u>05</u> / <u>10</u>	\$ 1000.00
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code McComb, MS 39648	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) Dunaway Food Services INC	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) Manager	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chiropractic Center of McComb	<u>03</u> / <u>29</u> / <u>10</u>	\$ 300.00
Mailing Address 150 Marion Ave	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code McComb, MS 39648	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 300.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Clark Construction Inc	<u>02</u> / <u>05</u> / <u>10</u>	\$ 250.00
Mailing Address 1615 Apache DR	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code McComb, MS 39648	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Critical Homecare Solutions Inc		03 / 08 / 10	\$ 300.00
Mailing Address Two Tower Bridge		___ / ___ / ___	\$
City, State, Zip Code Conshohocken, PA 19428		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Crye Leike Stedman Realtors		06 / 25 / 10	\$ 250.00
Mailing Address 114 N Main Street		___ / ___ / ___	\$
City, State, Zip Code Natchez, MS 39120		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dale Barker		04 / 09 / 10	\$ 300.00
Mailing Address 506 Lakeshore Dr		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name David and Linda Miller		07 / 01 / 10	\$ 400.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Mining		Aggregate year-to-date	\$ 400.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name David Paradise		03 / 29 / 10	\$ 2,000.00
Mailing Address P O Box 18939		___ / ___ / ___	\$
City, State, Zip Code Natchez, MS 39122		___ / ___ / ___	\$
Name of Employer (Required) Paradise Foods Inc		___ / ___ / ___	\$
Occupation (Required) Management		Aggregate year-to-date	\$ 2,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Denbury Resources Inc.		11 / 22 / 10	\$ 500.00
Mailing Address 1030 Hwy 471 Ste 103		___ / ___ / ___	\$
City, State, Zip Code Brandon, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dixie Packing Inc		02 / 16 / 10	\$ 300.00
Mailing Address 1137 Dixie Springs Rd		___ / ___ / ___	\$
City, State, Zip Code Summit, MS 39666		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Ali Homaynui		04 / 21 / 10	\$ 500.00
Mailing Address 303 Marion Ave		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) Doctor		Aggregate year-to-date	\$ 500.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Ann Rea		04 / 12 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Brett Ferman		04 / 19 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb Ms 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Bud Duncan		04 / 19 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12 / 11 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Danny Hadad		<u>04</u> / <u>09</u> / <u>10</u>	\$ 300.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr David Ladden		<u>04</u> / <u>19</u> / <u>10</u>	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Don Netherland		<u>04</u> / <u>22</u> / <u>10</u>	\$ 300.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Eric Lewis		<u>04</u> / <u>29</u> / <u>10</u>	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMSReporting period January 1 2010 through December 31 2010**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr John Dale Dumas		04 / 21 / 10	\$ 501.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Dentist		Aggregate year-to-date	\$ 501.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Kent Kebert		04 / 21 / 10	\$ 300.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Lawrence Stewart		12 / 08 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Luke Lampton		04 / 21 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Olukunle Ajagbe		03 / 01 / 10	\$ 300.00
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Rob Crosby		04 / 12 / 10	\$ 500.00
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Simon Cofrancesco		04 / 22 / 10	\$ 500.00
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Ted Jordan		04 / 26 / 10	\$ 500.00
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) SWMRMC		___ / ___ / ___	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr W R Webb</u>	<u>04</u> / <u>21</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address _____	____ / ____ / ____	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Self</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>MD</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr Will Austin</u>	<u>04</u> / <u>14</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address _____	____ / ____ / ____	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>SW MS ENT Clinic PA</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>MD</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gabriel and Mabe Zevallos</u>	<u>04</u> / <u>19</u> / <u>10</u>	\$ <u>300.00</u>
Mailing Address _____	____ / ____ / ____	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>SWMRMC</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>MD</u>	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ed Griffin</u>	<u>04</u> / <u>14</u> / <u>10</u>	\$ <u>300.00</u>
Mailing Address _____	____ / ____ / ____	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Self</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Pharmacist</u>	Aggregate year-to-date	\$ <u>300.00</u>

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Etta Vera Seago		07 / 02 / 10	\$ 500.00
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Frontier Strategies LLC		03 / 12 / 10	\$ 300.00
Mailing Address 529 S Pear Orchard		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr George Leggett		04 / 09 / 10	\$ 500.00
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Dentist		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___ / ___ / ___	\$
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Glenn Green		<u>03/12/10</u>	\$ 250.00
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code McComb, MS 39648 <u>Natchez, MS</u>		<u> / / </u>	\$
Name of Employer (Required) Pike County <u>Glenn Green Realtors</u>		<u> / / </u>	\$
Occupation (Required) Law <u>Realtors</u>		Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Good Hope Inc		<u>02/23/10</u>	\$ 500.00
Mailing Address 209 State St		<u> / / </u>	\$
City, State, Zip Code Natchez, MS 39121		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grand Trunk Western Railroad Inc		<u>09/08/10</u>	\$ 250.00
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code Battle Creek MI		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jerry Stogner		<u>04/12/10</u>	\$ 600.00
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code McComb, MS 39648		<u> / / </u>	\$
Name of Employer (Required) Self		<u> / / </u>	\$
Occupation (Required) Lending		Aggregate year-to-date	\$ 600.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMSReporting period January 1 2010 through December 31 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John P Byrne	01 / 15 / 10	\$ 1000.00
Mailing Address _____	___ / ___ / ___	\$
City, State, Zip Code Natchez, MS	___ / ___ / ___	\$
Name of Employer (Required) The Byrne Agency	___ / ___ / ___	\$
Occupation (Required) Owner	Aggregate year-to-date	\$ 1000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joseph Kelly	03 / 08 / 10	\$ 500.00
Mailing Address _____	___ / ___ / ___	\$
City, State, Zip Code Liberty, MS	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Keith Sanders	07 / 27 / 10	\$ 1000.00
Mailing Address _____	___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648	___ / ___ / ___	\$
Name of Employer (Required) Bus Supply	___ / ___ / ___	\$
Occupation (Required) Owner	Aggregate year-to-date	\$ 1000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Koch Industries Inc	12 / 24 / 10	\$ 250.00
Mailing Address P O Box 2256	___ / ___ / ___	\$
City, State, Zip Code Wichita KS 67201	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lissa Covington		06 / 30 / 10	\$ 250.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code McComb, MS 39648		_____ / _____ / _____	\$
Name of Employer (Required) None		_____ / _____ / _____	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE PAC		10 / 14 / 10	\$ 500.00
Mailing Address 775 North State St		_____ / _____ / _____	\$
City, State, Zip Code McComb, MS 39648		_____ / _____ / _____	\$
Name of Employer (Required)		_____ / _____ / _____	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name McComb Diesel Inc		01 / 22 / 10	\$ 400.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code Fernwood, MS		_____ / _____ / _____	\$
Name of Employer (Required)		_____ / _____ / _____	\$
Occupation (Required)		Aggregate year-to-date	\$ 400.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name McComb OBGYN Assoc		12 / 10 / 10	\$ 500.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code McComb, MS 39648		_____ / _____ / _____	\$
Name of Employer (Required)		_____ / _____ / _____	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMSReporting period January 1 2010 through December 31 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name McMinn & Turgeau DDS		04 / 14 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Bail Agents		12 / 15 / 10	\$ 250.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Board of Realtors PAC		04 / 09 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Dental PAC		04 / 21 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

ITEMIZED RECEIPTS

A. source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Independent Pharmacies PAC		05 / 05 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Manufactured Housing		04 / 22 / 10	\$ 300.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Nucor Steel Inc		11 / 19 / 10	\$ 500.00
Mailing Address 3630 Fourth St		___ / ___ / ___	\$
City, State, Zip Code Flowood MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Novartis Pharmaceuticals		07 / 21 / 10	\$ 250.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code New York NY		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMSReporting period January 1 2010 through December 31 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Pediatric Dental Center		04/26/10	\$ 500.00
Mailing Address ____/____/____		____/____/____	\$
City, State, Zip Code Natchez, MS <u>Hattiesburg, MS</u>		____/____/____	\$
Name of Employer (Required) ____/____/____		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Pinnacle Health		04/21/10	\$ 500.00
Mailing Address ____/____/____		____/____/____	\$
City, State, Zip Code McComb, MS 339648		____/____/____	\$
Name of Employer (Required) ____/____/____		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rainbow Motors		01/29/10	\$ 250.00
Mailing Address ____/____/____		____/____/____	\$
City, State, Zip Code McComb, MS		____/____/____	\$
Name of Employer (Required) ____/____/____		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Thompson		01/27/10	\$ 1000.00
Mailing Address ____/____/____		____/____/____	\$
City, State, Zip Code Natchez, MS		____/____/____	\$
Name of Employer (Required) Self		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Robert Van Uden		04 / 14 / 10	\$ 500.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code McComb, MS 39648		_____ / _____ / _____	\$
Name of Employer (Required) SWMRMC		_____ / _____ / _____	\$
Occupation (Required) MD		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ronald Craddock		06 / 11 / 10	\$ 1000.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code McComb, MS 39648		_____ / _____ / _____	\$
Name of Employer (Required) Craddock Oil Co		_____ / _____ / _____	\$
Occupation (Required) Owner		Aggregate year-to-date	\$ 1000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rose Cancer Center PC		03 / 29 / 10	\$ 500.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code Summit, MS 39666		_____ / _____ / _____	\$
Name of Employer (Required) _____		_____ / _____ / _____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sanderson Farms Inc		11 / 29 / 10	\$ 500.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code Laurel, MS		_____ / _____ / _____	\$
Name of Employer (Required) _____		_____ / _____ / _____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sidney Roberts		04 / 21 / 10	\$ 300.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Liberty, MS		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Southern Building Supplies Inc		01 / 22 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Statcare PLLC		04 / 12 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Stephanie Hutchins		06 / 14 / 10	\$ 250.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Natchez, MS		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

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ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Summit Family denistry PLLC		04 / 19 / 10	\$ 500.00
Mailing Address _____ / _____ / _____			\$
City, State, Zip Code Summit, MS 39666		_____ / _____ / _____	\$
Name of Employer (Required) _____ / _____ / _____			\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Summit Rehab LLC		03 / 15 / 10	\$ 500.00
Mailing Address _____ / _____ / _____			\$
City, State, Zip Code Summit, MS		_____ / _____ / _____	\$
Name of Employer (Required) _____ / _____ / _____			\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name SW Surgical Specialists Inc		03 / 08 / 10	\$ 500.00
Mailing Address _____ / _____ / _____			\$
City, State, Zip Code McComb, MS 39648		_____ / _____ / _____	\$
Name of Employer (Required) _____ / _____ / _____			\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Takeda Pharmaceuticals Inc		05 / 04 / 10	\$ 500.00
Mailing Address One Takeda Parkway		_____ / _____ / _____	\$
City, State, Zip Code Deerfield, IL 60015		_____ / _____ / _____	\$
Name of Employer (Required) _____ / _____ / _____			\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas Armstrong		05 / 28 / 10	\$ 250.00
Mailing Address P O Box 2299		___ / ___ / ___	\$
City, State, Zip Code Natchez, MS		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tom Assaf		04 / 14 / 10	\$ 300.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb MS 39648		___ / ___ / ___	\$
Name of Employer (Required) Gillis Drug Store Inc		___ / ___ / ___	\$
Occupation (Required) Pharmacist		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Willis Turner		03 / 15 / 10	\$ 300.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Virginia O'Beirne		01 / 27 / 10	\$ 500.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code Natchez, MS		___ / ___ / ___	\$
Name of Employer (Required) None		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMSReporting period January 1 2010 through December 31 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name WAL PAC		10 / 19 / 10	\$ 250.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code Bentonville AR		_____ / _____ / _____	\$
Name of Employer (Required) _____ / _____ / _____		_____ / _____ / _____	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wayne A Potter		01 / 15 / 10	\$ 500.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code Natchez, MS 39120		_____ / _____ / _____	\$
Name of Employer (Required) Potter Garcia Management Group		_____ / _____ / _____	\$
Occupation (Required) owner		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wayne A Vinson		07 / 28 / 10	\$ 300.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code Summit, MS 39666		_____ / _____ / _____	\$
Name of Employer (Required) W V Inc		_____ / _____ / _____	\$
Occupation (Required) Owner		Aggregate year-to-date	\$ 300.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Womens Health Clinic		04 / 12 / 10	\$ 500.00
Mailing Address _____ / _____ / _____		_____ / _____ / _____	\$
City, State, Zip Code McComb, MS 39648		_____ / _____ / _____	\$
Name of Employer (Required) _____ / _____ / _____		_____ / _____ / _____	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMSReporting period January 1 2010 through December 31 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Woodhaul Inc		01 / 29 / 10	\$ 1000.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
McComb, MS 39648		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMSReporting period JANUARY 1, 2010 through DECEMBER 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name Cork and Cask	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04/20/10	\$ 280.24
City, State, Zip Code McComb, MS 39648	___/___/___	\$
Purpose of Disbursement (Optional) Fundraiser	Aggregate Year-to-date	\$ 280.24
B. Full name K106	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Various	\$ 344.00
City, State, Zip Code McComb, MS 39648	___/___/___	\$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 344.00
C. Full name McComb Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Various	\$ 404.34
City, State, Zip Code McComb, MS 39648	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 404.34
D. Full name Natchez Democrat	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Various	\$ 233.60
City, State, Zip Code Natchez, MS	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 233.60
E. Full name Palazzo for Congress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	03/29/10	\$ 500.00
City, State, Zip Code Gulfport, MS	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
F. Full name The Caboose	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04/14/10	\$ 2,475.00
City, State, Zip Code McComb, MS 39648	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2475.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS
 Reporting period JANUARY 1, 2010 through DECEMBER 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Various</u>	\$ 522.35
City, State, Zip Code McComb, MS 39648	<u> / / </u>	\$
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	\$ 522.35
B. Full name Walmart	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Various</u>	\$ 435.83
City, State, Zip Code McComb, MS 39648	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 435.83
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$